

APPLICATION FOR CONTINUING EDUCATION CREDIT APPROVAL

Please follow the following steps when submitting a request for continuing education credit approval with the Arkansas Chiropractic Board.

- 1.) Use form: COURSE APPROVAL CONTINUING EDUCATION
- 2.) Complete entire form
- 3.) Syllabus - course outline
- 4.) Study hours
- 5.) Location & dates
- 6.) CCE accredited colleges must submit application

The course work must be at physician level and the content of the program must be scientific and related to the practice of chiropractic.

Please address your written request to:

ARKANSAS STATE BOARD OF CHIROPRACTIC EXAMINERS
Carol Ann Gates, Executive Director
101 East Capitol, Suite 209
Little Rock, AR 72201

P.S. Submit \$25.00 processing fee per subject per calendar year. The \$25.00 fee must be submitted before approval can be given.

Send Request for Approval to: Mrs. Sandra Kita
Administrative Assistant

This application must be completed in its entirety.

COURSE APPROVAL CONTINUING EDUCATION

NAME OF COURSE OR SEMINAR: _____

1: Organization Sponsoring the Course: _____

2: Hours of Instruction: _____

3: Instructor(s): _____

4: Are instructors on CCE College postgraduate staff?
YES _____ NO _____

5: Include the educational background and vitae on each instructor.

6: Who is the attendance officer and method of certifying attendance:

_____ Attach Sample.

7: Give outline of material covered.

8: Location(s): _____

9: Date(s): _____

10: Is this seminar sponsored by, co-sponsored by, or presented under the
auspices of a CCE accredited college? (Circle **Yes** or **No**)

11: I hereby certify that all information listed above is correct. The
required enclosures are included.

Signature: _____

Title: _____

PROCESSING FEE ENCLOSED



Approved: _____

Disapproved: _____

Date: _____

- ❖ The Arkansas approval number must be on the certificate of attendance that is mailed to our office or to the doctor attending the seminar.

PLEASE ENCLOSE THE \$25.00 PROCESSING FEE!